

VERIFICATION



CHAPTER 5

VERIFICATION

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VERIFICATION

This chapter discusses the verification requirements for free and reduced-price school meal applications. Verification efforts and the process to follow to meet this requirement are explained.

Overview of Verification

Verification is confirmation of eligibility for free and reduced-price meals under the National School Lunch Program or School Breakfast Program. Verification **MUST** include either confirmation of income eligibility and/or confirmation that the child is eligible to receive Food Stamps (FS), Temporary Assistance to Families in Idaho (TAFI), or is eligible to participate in the Food Distribution Program on Indian Reservations (FDPIR). At State or local discretion, verification may also include confirmation of any other information on the application, which is required as a condition of eligibility.

Exemptions from Verification

- All homeless, runaway, and migrant children are categorically eligible for free meals once identified by a homeless education liaison, shelter director, migrant education coordinator, or another appropriate official. Once identified, such children do not have to submit an application to receive free meals and **are not** subject to verification.
- Children directly certified by Health and Welfare as eligible for TAFI and/or Food Stamp benefits **are not** subject to verification.
- Residential Child Care Institutions, with the exception of those who have day students in attendance **are not** subject to verification. Day student applications must be verified.
- Schools participating in the Special Milk Program that do not collect income applications **are not** subject to verification.
- Schools participating in Special Assistance Provision 2 or 3 for lunch who are operating a NON-base year **are not** subject to verification.

Verification for Cause

Where an application indicates zero income, policy allows the school district to temporarily approve the application for up to 45 calendar days; then the district must determine if the household's economic status has changed. Such follow-up should not grant extra "temporary" approvals to the household unless the household or collateral contacts provide reasonable explanations and documentation that account for a household's ability to manage without any source of income. An applicant's statement that the household's circumstances have not changed since the original application is not sufficient to grant continuing eligibility.

The subsequent re-applications following temporary approval are not considered to be new applications. The sponsor can thus require the household to provide income documentation at the time of reapplication. Upon reapplication, if a household then declares what the school official considers unreasonably low income (e.g., \$1.00) just to declare some income, the school official should use his or her own discretion to question the information.

Verification Policies and Procedures General Requirements

By November 15 each year, each Local Educational Agency (LEA) **MUST** select and verify a sample of applications approved for benefits. All directly certified children and categorically eligible children are excluded from the sample pool.

- LEAs must review all applications selected for verification prior to conducting any other verification activity. This is called the “confirmation review” as it is designed to check the accuracy of the initial eligibility determination. The confirmation review must be done by an individual other than the individual who made the initial eligibility determination. This requirement may be waived, however, if the LEA has a technology-based system that demonstrates a high-degree of accuracy.
- LEAs may have a choice in the sampling method (3% focused, 3% random, or 1½% focused). These methods will be explained in the next section.
- LEAs do have the option to verify 100 percent of all applications.
- The required sample size is based on the total number of approved applications on file as of October 1st.

NOTE: The sample size depends on the number of paper applications, not the number of children represented. When calculating sample sizes, all fractions or decimals **MUST** be rounded upward to the nearest whole number.

Overview of Sampling Methods

3% Focused Method – Applications chosen for verification are randomly selected from a pool of error-prone applications.

- Error-prone applications are those where the listed income is within \$100 per month or \$1,200 per year of qualifying the family for free or reduced eligibility, **excluding** all directly certified children and categorically eligible children. Directly certified are those with a letter from Health and Welfare with a TAFI or Food Stamp case number or those certified as homeless, migrant or runaway by the migrant coordinator or an approved liaison.

The following sampling methods will only be available if the non-response rate on the verification summary report from the previous year is less than 20%.

3% Random Sampling Method – Applications chosen for verification are randomly selected to include:

- 3% of the total number approved applications are randomly chosen. All directly certified children and categorically eligible children are excluded.

1½ Focused Sampling Method – Applications chosen for verification include both income and TAFI/Food Stamps applications with the following guidelines:

- 1 percent of the **total** number of approved applications (both income and those with a case number written on the application). Applications chosen for verification must be selected from error-prone applications (within \$100 per month or \$1,200 per year), **excluding** all directly certified children and categorically eligible children.
AND
- .5 percent (one half of 1 percent) of the total number of applications with case number written on application by family.

NOTE: If all children listed on an application are directly certified and a case number or income application is on file, the direct certification letter or certified list takes precedence and the family is not considered for verification.

Timeline Requirements

- Verification **MUST** take place after the application has been approved.
- **LEAs MUST conduct a confirmation review of ALL applications selected for verification prior to conducting any other verification activity.** The review must be completed by an individual other than the individual who made the initial eligibility determination. This person will be the confirming official and must sign and date the office use only section of the application following review of the applications selected.
- If the initial determination is incorrect and the household is eligible for increased benefits, the changes shall be made as soon as possible but no later than 3 operating days of the date the SFA makes the final decision on the child's status. The LEA must correct the household's status and notify the household of the change.
- If the household's status changed from free or reduced-price to paid or from free to reduced-price, a notice of adverse action is required. Changes shall be made as soon as possible but no later than 10 operating days of the date the SFA makes the final decision on the child's status. The LEA must correct the household's status and notify the household of the change.

Note: See the Verification Implementation Strategies/Timeline on pages 5.5-5.7 for a plan to assure completion of verification by the November 15th deadline.

Additional Requirements

The LEA is required to make at least one additional attempt to obtain the necessary verification information from households who fail to respond to the initial request. The individual responsible for the follow-up attempt must sign and date the office use only section (follow-up official's signature) on the application.

- The attempt may be made through the mail, by telephone, by email, or through personal contact.
- The LEA must document any attempts and the results.
- If unable to verify the household's eligibility status after the follow-up attempt(s), the household's benefits must be terminated through a notice of adverse action.
- The LEA may contract with a third party to assist with the required follow-up activity. Any third party is subject to confidentiality requirements.

LEAs must provide all households selected for verification with a telephone number they may call for assistance. The call must be free to all households in the LEA.

- The LEA may establish a toll-free number or allow households to reverse the charges if any households in the school district are outside the local calling area.
- The LEA may provide different telephone numbers for each local calling area within the school district.
- The household must be able to contact a school or LEA official who can either directly assist them or can refer the caller to a specific person for help.
- If the household is unable to obtain assistance during their initial call, a LEA or school official must attempt to initiate further contact.

For detailed information and requirements on the Verification Process refer to the Free and Reduced-Price Guidance Manual.

<http://www.sde.idaho.gov/child/cnp-regulations.asp#Free>

All verification forms and sample letters can be downloaded from:

<http://www.sde.idaho.gov/child/nsfp-verificationforms.asp>

Verification Implementation Strategies/Timeline

	PRE VERIFICATION DATA COLLECTION	
1.	Develop a system that allows your district to tally free and reduced meal information by type of application and number of children on the application as required in Phase 1 Verification Summary Report on CNP 2000. Tag applications that are within \$100.00 of meeting the monthly income guidelines for eligibility (error prone).	Beginning of school year until October 1
2.	<p>Record data as applications are processed. Two optional methods are available on line for data collections and are explained below (Tally Form for Verification Report and Verification Detail Report).</p> <p>(a) <u>Tally Form for Verification Report</u> - (Hand tally method) See page 5.8 for sample.</p> <ul style="list-style-type: none"> a. Make hash marks in the appropriate area as applications are being processed b. Boxes at bottom lower right are for totals c. Includes a section to record the number of students by racial groups for the civil rights compliance report due October 15th. <p>(b) <u>Verification Detail Report</u> – (Excel spreadsheet) See pages 5.9-5.10 for sample.</p> <p>Add data into Excel form as applications are processed. This method not recommended for a large district.</p> <p>(A master list of free and reduced students could be generated from this spreadsheet.)</p>	
	PHASE 1 – COMPLETION ON OR AFTER OCTOBER 1	
3.	Begin the verification process in CNP2000 by accessing the Verification Summary Report on-line and completing phase 1. The sampling methods available to your district will be accessible on the report.	On or after October 1
4.	Using data as of October 1, complete lines 2-5 on the Verification Summary Report.	On or after October 1
	PHASE 2– CALCULATIONS FOR NUMBER OF APPLICATIONS TO VERIFY	
5.	CNP2000 will calculate the number of applications to be verified after you have completed phase 1. If someone moves from your district, you must replace that application with another from the entire group. You must complete the verification process on all applications you choose.	On or after October 1

6.	<p>Mail notification letters to families chosen for verification. Use “Letter to Households Notification of Selection for Verification of Eligibility” sample letter on the CNP website. See page 5.11 for sample letter. A Spanish letter is also available on the website.</p> <p>NOTE: Due date for materials from families must be early enough for processing to be complete by November 15.</p>	On or after October 1
7.	<p>Compile the Verification collection data and results as information is received from families chosen for verification. There is an Excel file with 4 spreadsheets available on the CNP website to download and use to record this data. You can complete the spreadsheets on your computer or print a copy of each sheet and fill it out by hand. The spreadsheets are designed with one page for each type of application chosen (7a, free – categorically eligible, 7b, free – income eligible, and 7c, reduced – income eligible). A summary sheet called “Results of verification by application type” is also available.</p>	October 1 – February 15
8.	<p>Those families you have not heard from by the first due date must receive a reminder notice. This notice provides the families with a date of adverse action if no response has been received by second due date.</p> <p>If information has not been received by second due date, families must be taken off of free or reduced status. Be sure to update the students’ eligibility to paid in your Point of Sale (POS).</p> <p>NOTE: All households with children for whom benefits are to be reduced or terminated must be given 10 calendar day’s written advance notice of the change. See “Letter of Verification Results and Adverse Action Letter” on the CNP website. See page 5.16 for sample letter.</p> <p>The first day of the 10 calendar day advance notice period starts the day the notice is sent.</p>	Between October 15 th and November 15 th
PHASE 3 – VERIFICATION RESULTS DUE BY NOVEMBER 15TH		
9.	In CNP 2000, complete Sections 6 and 7 using the information compiled on the Results of Verification by Application type form (7a, 7b, 7c).	By November 15
10.	<p>Enter actual date verification was completed on Line 11.</p> <p>NOTE: If the date on Line 11 is November 16 or later, you must enter your Corrective Action Plan and date on CAP on Line 12.</p>	

11.	Mail all Letters of Verification Results and Adverse Action to families on or prior to November 15.	By November 15
12.	Update master list, and roster or computer system to reflect the results of verification. Families that do not respond to verification must be changed to paid.	
PHASE 4 – FEBRUARY 15 TH REPORTING		
13.	Monitor those students on applications for which you received no response. Any families that reapply after November 15 must complete verification before being approved for free or reduced meals.	November 15 to February 15
14.	In CNP2000, complete the Verification Summary Report to reflect the number of applications and children from families that reapplied and were verified to receive free or reduced meals between November 16 and February 15.	
15.	File the Results of Verification By Application Type worksheets (7, 7a, 7b, 7c) together with all verification documents received and a copy of the free and reduced application. Keep all verification documentation and information for 3 years plus the current year. If you are in a base year for Provision 2 or 3, you must keep the information for as long as you are on the Provision program.	February 15

Tally for Verification Report

Tally the number of applications and children type of application as you approve them until October 1st. Use this data on CNP 2000 for Phase One of the Verification Summary Report and for the Civil Rights Report.

Number of Children		
Number of Applications	Enrolled in School	Racial Identity
<u>Free - Direct Certification</u> Not needed for Verification Report	<u>Free Students - Direct Certification</u>	Asian
<u>Free - Food Stamps/TAFI/FDPIR</u>		White
<u>Free - Household Size and Income</u>		Black or African American
		American Indian or Alaska Native
<u>Reduced Price - Household Size</u>		Native Hawaiian or Other Pacific Islander
		Other
		Ethnic Identity
		Hispanic or Latino
		Non Hispanic or Latino
Total Column #2		Total Column #3

To answer the question on the civil rights report for number of children on application with racial group not marked subtract the total in column #3 from the total in column #2

Total with Racial Group Not Marked

Verification Detail Report Instructions

To Start

It is best if you create a new folder for "Verification".

Download the form into the Verification folder from the State web site. The site is located at www.sde.state.id.us/child/. A list of program areas can be found on the left side of the screen. Place the pointer on the area called Program Information/Forms. A menu will appear. Place the pointer on National School Breakfast & Lunch. Another menu will appear. Place the pointer on Verification Forms at the bottom of the list and click on it. This should put you in the forms area.

Note: Make sure you indicate this file as the Master. The Master file will **NOT** be used for data entry.

Bring the Master file up and by using the "Save As" function save a copy of the file under a different name. This new file will be the one you use for entering data and will become your spreadsheet to create master lists by school for benefit issuance.

After you have entered all the information for your students you may then start sorting the data.

Note: It is strongly recommended that you use the "Save As" function and make a copy of the Data file under a different name. It is not wise to use your original file for sorting in case something goes wrong.

Using the "Sort" function of the Excel program

Block the data area of the worksheet by putting the pointer in the corner and dragging the mouse down the page until you reach the bottom of the list of names. Without releasing the mouse button move the pointer across the screen to the end of the data entry area.

Note: Stop at the last name. Do not put blank lines in or they will be sorted with the names.

Note: The enter data area should be highlighted. If not, do it again.

Note: Before you continue you need to know which column you want to sort by. Click on Data on the tool bar at the top of the screen.

Click on Sort in the drop down menu.

A little screen will appear.

Under "Sort By" click on the arrow and choose the column.

Click on "OK". The spreadsheet should have sorted.

If you wish to break the data down further and continue to sort you need to copy the data to a new spreadsheet.

Go back to your Master, with no data entered in it and copy it to a new file using the "Save As" function. You will then copy just the area of the data you wish to work with to the new file.

To copy data

You will need to have both files open. Go first to the file with the data. Block the data area of the worksheet by putting the pointer in the corner of the information you wish to copy, then dragging the mouse down the page until you reach the other corner of the information. Without releasing the mouse button move the pointer across the screen to the end of the data entry area.

Click on Copy on the top of the screen.

Now click on the new file where you wish to move the data.

Click in the corner of the data area and hit the enter key. The data should be copied to the new file.

After the data has been copied to the new file you can repeat the sort procedure again.

An example of what we are talking about would be if you wanted an alphabetical list of child at each school in the district. You would first sort by school. Then move the data to a new file and sort by the children's name. You now have a separate list for each school.

Storage of Data

Make a new copy of master data list at the beginning of each month. Update throughout the month by penciling in changes. File the monthly master list with handwritten changes on it with your reimbursement claim. You want to update the master data file at the end of each month with changes.

Verification Detail Report

A master list of free and reduced price students could be generated from this spreadsheet

For verification only, complete the number of Free and Reduced students and applications received by

October 1st

Verification Report for SY:

Eligibility Status

F = Free

R = Reduced

D = Denied

FT = Free Temporary

RT = Reduced Temporary

W = Withdrawn

Racial Identity

A = Asian

W=White

B=Black or African American

IN=American Indian or Alaska Native

PI=Native Hawaiian or Other Pacific Islander

☐ O=Other

Ethnic Identity

☐ H=Hispanic or Latino

NH=Non Hispanic or Latino

Total Amount:

	Free					Reduced	
nt:							

[illegible]

Sample #2 for Benefit Issuance List Verification Detail Report

A master list of free and reduced price students could be generated from this spreadsheet

For verification only, complete the number of Free and Reduced students and applications received by October 1st

Verification Report for SY: 20XX

Eligibility Status

F = Free

R = Reduced

D = Denied

FT = Free Temporary

RT = Reduced Temporary

W = Withdrawn

Eligibility Status

Free	14	5	1	1
Reduced				
Denied				
Withdrawn				

Racial Identity

2	A =Asian	
9	W=White	Total A
3	B=Black or African American	
1	IN=American Indian or Alaska Native	
1	PI=Native Hawaiian or Other Pacific Islander	
1	O=Other	

Ethnic Identity

3	H=Hispanic or Latino
1	NH=Non Hispanic or Latino

Total Amount:

	Free					Reduced	
0	3	1	1	10	6	5	5

[illegible]

HOUSEHOLD NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY

IMPORTANT: YOU MUST ANSWER THIS LETTER

Dear _____;

Your child's application has been selected as part of a review to make sure only eligible students receive free or reduced price meal benefits. This information is strictly confidential and is for school foodservice use only. No penalty or retroactive action will occur. It is extremely important that you provide papers by the requested deadline.

If you do not reply to this letter, your child will not continue to receive free or reduced price meals. This letter requires that you send information or contact:

Name: _____

Address: _____

Phone: _____

You must send:

(1) Papers that show you get food stamps or TAFI for your child

OR

(2) The name and social security number of each adult household member on the enclosed sheet **and** papers that show your household's monthly income.

We have enclosed instructions that explain the kinds of papers that you may use to prove that you get food stamps or TAFI for your child or to show your household's income. If possible, do not send original papers. If you do send original documents, they will be sent back to you only if you ask.

This information is due by _____.

Thank you for your cooperation in this matter.

Sincerely,

Enclosures: Verification Instructions for Free and Reduced Price Meals – Page 2 of 3

Form for Social Security Numbers—Page 3 of 3

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

VERIFICATION INSTRUCTIONS FOR FREE AND REDUCED PRICE MEALS

Income or Food Stamp/TAFI information can be from any month from date application was submitted through date of this request. Please do not send original documents

FOOD STAMP/TAFI HOUSEHOLDS: If you get food stamps or TAFI for your child you only have to send something that shows your household qualifies. No other information is required. This can be:

- **Food Stamp or TAFI certification notice** for any time from date application was submitted through date of this request.
 - **Letter from the food stamp or welfare office** stating that you get food stamps or TAFI
 - **ATP Card** (authorization to participate)
-

HOUSEHOLDS THAT DO NOT GET FOOD STAMPS OR TAFI: If you do not get food stamps or TAFI for your child:

- Write the name and social security number for each adult household member on the enclosed sheet.
- Send copies of information or papers that show your household's income.

The papers you send in must show: (1) the amount of the income received, (2) the name of the person who received it, (3) the date the income was received, and (4) how often the income is received.

To show the amount of money your household receives monthly, send copies of the following:

- **Earnings/wages/salary for each job:**
 - ❑ Paycheck stub that shows how often it is received
 - ❑ Pay envelope that shows how often it is received
 - ❑ Letter from employer stating gross wages paid and how often they are paid
 - ❑ Business or farming papers, such as ledger or tax books
- **Social security /pensions/retirement:**
 - ❑ Social security retirement benefit letter
 - ❑ Statement of benefits received
 - ❑ Pension award notice
- **Unemployment compensation/disability or workers compensation:**
 - ❑ Notice of eligibility from State employment security office
 - ❑ Check stub
 - ❑ Letter from worker's compensation
- **Welfare payments** (TAFI, temporary assistance families)
 - ❑ Benefit letter from welfare agency
- **Child support/alimony:**
 - ❑ Court decree, agreement, or copies of checks received
- **All other income:** If you have other forms of income (such as rental income) send information or papers that show the amount of income received, how often it is received, and the date received.
- **No income:** If you have no income, send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

SOCIAL SECURITY NUMBERS REQUEST FORM

If you do not show that you get food stamps or TAFI for your child, the name and social security number of each household member 21 years of age or older is required. Write the word "none" or some other indication if an adult household member does not have a social security number.

Names of Adult Household Members

Social Security Numbers

1. _____

__/__/__/-__/-__/__/

2. _____

__/__/__/-__/-__/__/

3. _____

__/__/__/-__/-__/__/

4. _____

__/__/__/-__/-__/__/

5. _____

__/__/__/-__/-__/__/

6. _____

__/__/__/-__/-__/__/

*Privacy Act Statement: Section 9 of the national school lunch act requires that, unless you show that you receive food stamps or TAFI for your child, you must provide the social security number of each adult household member or indicate that the household member does not have a social security number. Provision of social security number is not mandatory, but if a social security number is not provided for each household member or an indication made that an adult household member does not have a social security number, benefits will be terminated. The social security number may be used to identify household members in verifying the correctness of information stated on the application and continued eligibility for the program. These verification efforts may be through program reviews, audits, and investigation and may include contacting a food stamp or welfare office to determine current certification for receipt of food stamps or TAFI benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. This information must be provided to each adult household member disclosing his/her social security number.

CARTA PARA LA NOTIFICACION DE HOGARES DE LA SELECCION PARA VERIFICACION DE ELBILIDAD

Estudiantes Nombre _____ Escuela _____ Fecha: _____

IMPORTANTE: USTED DEBE CONTESTAR ESTA CARTA

Estimado _____:

Si usted no contesta esta carta, su niño no continuará a recibir comidas gratis o reducidas de precio. Esta carta requiere que usted envíe información o contacte _____.

La aplicación de su niño se ha seleccionado como parte de una revista para asegurar que solo estudiantes elegibles reciban los beneficios de comida gratis o reducidos. Esta información es confidencial y es usada solo para información sobre los servicios de alimento. No habrá returbación penalidad si Ud. no complace. Es muy importante que Ud. regrese los documentos exigidos antes de la fecha indicada.

Usted debe enviar (1) papeles que muestran que usted recibe cupones alimentarios o TAFI para su niño o (2) el nombre y número de seguro social de cada miembro familiar adulto sobre los papeles y papeles que muestran su ingreso de hogar actual.

Nosotros hemos juntado información que muestra los tipos de papeles que usted puede usar para probar que usted ahora consigue cupones de alimentos o TAFI para su niño o para mostrar los ingresos de su hogar. Si es posible, no envían papeles originales. Si usted envía documentos originales, ellos se enviarán a usted solamente si usted los pide.

Si usted no envía información que prueba, que su niño es elegible recibir beneficios de comida gratis o reducidas, estos beneficios de comida se pararán Ud. puede, reaplicar para estos servicios. Al momento de aplicación, será necesario mostrar los papeles requeridos con la información apropiada.

Si usted tiene preguntas o si usted necesita ayuda, por favor llame a _____.

Gracias por su cooperación sobre este asunto.

Sinceramente,

Incluidos (Información de verificación para comidas gratis y reducidas en precio.)
(Formas de Numeros de los Seguro Social)

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés) prohíbe la discriminación en todos sus programas y actividades a base de raza, color, origen nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas.) Personas con impedimentos que requieran medios alternativos de comunicación para obtener información acerca de los programas (Braille, tipografía agrandada, cintas de audio, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202)720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

Page 1 of 3

LA INFORMACION PARA LAS COMIDAS DE PRECIO REDUCIDO

HOGARES DE CUPONES ALIMENTARIOS/ DE TAFI: Si usted consigue cupones alimentarios o TAFI para su niño usted solamente tiene que enviar algo que provee que usted los recibe. Ninguna otra información se requiere. Esto puede ser:

- Un aviso mostrando cuales fechas comenzaran y terminaran los cupones o TAFI
- Carta desde la oficina alimentaria de bienestar o carta afirmando que usted ahora consigue cupones alimentarios o TAFI
- Tarjeta ATP (autorización para participar)

EL HOGAR QUE NO CONSIGUE CUPONES ALIMENTARIOS O TAFI: Si usted no consigue cupones alimentarios o TAFI para su niño, (1) escriba el nombre y el número de seguro social para cada miembro familiar adulto sobre la hoja adjuntada y (2) envía copias de información o papeles que muestran sus ingresos actuales. El ingreso actual es la cantidad de dinero que su hogar recibió el mes pasado.

Los documentos que usted envía deben demostrar: (1) la cantidad de los ingresos recibidos, (2) la persona quien es los recibió, (3) la las fechas ingresos se reciben, y (4) que frecuentemente los ingresos se recibe.

Para mostrar la cantidad de dinero su hogar recibió cualquier mes, envíe copias de las siguientes:

- **De Ganancias / salario / sueldo para cada trabajo:**
 - * Talones de cheque que muestra que frecuentemente se recibe
 - * Prueba que muestra que frecuentemente se recibe
 - * Carta del patrón que afirma pagó y que frecuentemente ellos se lo pagan
 - * Papeles de negocio, tal como libro mayor o libros impositivos
- **De seguro social / retiro / beneficios:**
 - * La carta de seguridad del Seguro Social
 - * Declaración de beneficios recibidos
 - * Aviso de premio de recibir beneficios
- **Compensación de Desempleo / compensación de trabajadores o incapacidad:**
 - * Nota de elegibilidad desde la oficina de seguridad de empleo de Estado
 - * Talones de cheque
 - * Carta de compensación de trabajador
- **Pagos de salud y bienestar (TAFI, familias asistencia de temporarias)**
 - Carta de la agencia de Salud y Bienestar
- **Niños que reciben ayuda/pensión**
 - * Las copias de cheques recibidos
- **Otros ingresos:** Si usted recibe otras formas de ingresos (tal como ingreso de arriendo) envíenos información, papeles que muestran la cantidad de ingresos que recibieron, que frecuentemente se recibe, y la fecha recibida.
- **Ninguno ingreso:** Si usted tiene ningún ingreso, envíe un memorial o explicación como usted provee alimento, la ropa, y alojando para nuestro hogar, y cuando usted espera un ingreso.

Si usted no entiende cualquier pregunta, o necesita ayuda para decidir la información que enviar, por favor llame: _____

LOS NÚMEROS DE SEGURO SOCIAL

Si usted no muestra que usted consigue cupones de alimentos o TAFI para su niño, envía el nombre y número del seguro social de cada miembro familiar 21 años de edad o mas en los espacios más adelante. Escriba la palabra "ninguno" o algún otro indicio si un adulto de hogar no tiene un número de seguro social.

Los nombres de Miembros Familiares Adultos Los números de seguro social

1. _____	____/____/____-____/____/____-____/____/____/____
2. _____	____/____/____-____/____/____-____/____/____/____
3. _____	____/____/____-____/____/____-____/____/____/____
4. _____	____/____/____-____/____/____-____/____/____/____
5. _____	____/____/____-____/____/____-____/____/____/____
6. _____	____/____/____-____/____/____-____/____/____/____

***La Acta de Declaracion de Privacidad:** El acto de la escuela nacional de almuerzo requiere que, a menos que usted muestre que usted recibe cupones alimentarios o TAFI para su niño, usted debe proveer el número de seguro social de cada miembro familiar adulto o indica que el miembro familiar no tiene un número de seguro social. La provisión de número de seguro social no es mandatario, pero si un número de seguro social no es proveído para cada miembro familiar o indico que un miembro familiar adulto no tiene un número de seguro social, los beneficios se terminarán. El número de seguro social puede usarse para identificar cada de los miembros averiguar la corrección de la información sobre la aplicación y continuar elegibilidad para el programa. Estos esfuerzos de verificacion pueden ser mediante para la investigacion del programa y puede incluir llamando a una oficina alimentaria de bienestar o cupones para determinar actuales quien recibio cupones alimentarios o TAFI, llamando la oficina de seguridad de empleo de Estado para determinar la cantidad de beneficios recibidos y comprobando la documentación producida por miembros familiares para probar la cantidad de ingresos recibidos. Estos esfuerzos pueden resultar en una pérdida o reducción de beneficios, reclamos administrativos o acciones legales si la información incorrecta se informa. Esta información debe proveerse para cada miembro familiar adulto revelar su número de seguro social.

OPTIONAL

LETTER HOUSEHOLD MAY HAVE EMPLOYER COMPLETE

STATEMENT OF EARNINGS

This statement is to confirm that (name of employee) received the following amount of gross income **before** deductions for taxes, social security insurance, etc. \$_____.

- ☐ weekly
- ☐ every two weeks
- ☐ twice a month
- ☐ monthly
- ☐ other _____

Please state the date of the paycheck listed above _____.

Signature of Employer

Date

Address

Telephone Number

OPTIONAL

LETTER TO THE FOOD STAMP/TAFI OFFICE FROM THE SCHOOL FOOD AUTHORITY

Use If Parent Does Not Respond to Verification

Dear _____:

The receipt of food stamps or Temporary Assistance to Families in Idaho (TAFI) automatically qualifies children for free school meals. The regulations for the Food Stamp Program and the TAFI Program permit food stamp and TAFI offices to release eligibility information to administrators of the National School Lunch and School Breakfast Programs to ensure that only eligible children receive free meal benefits.

Enclosed is a listing of approved free meal applicants who have been selected for verification and who have indicated that the child for whom application was made receives food stamps and/or TAFI benefits. On the enclosed listing, please indicate if these household members participated in the Food Stamp Program and/or TAFI Program on the date of application or currently participate. This information will be used only to confirm the applicant's eligibility for free meal benefits.

Your return of the listing by _____ will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact me.

Sincerely,

Signature and Title

Date

Address

Telephone Number

Enclosure (Verification Form – Food Stamp/TAFI Recipients)

VERIFICATION FORM – FOOD STAMP/TAFI RECIPIENTS (MULTIPLE APPLICANTS)

Date of Meal Application	ADULT MEMBER Last Name, first	CHILD'S NAME Last Name, first	FS/TAFI Case #	PARTICIPATES	
				Yes	No

Signature and title of Food Stamp/TAFI Official

Date

Address

Telephone Number

OPTIONAL

**LETTER HOUSEHOLD MAY HAVE SOCIAL SECURITY
OFFICE COMPLETE
SOCIAL SECURITY AND/OR SUPPLEMENTAL SECURITY INCOME
(SSI)**

This statement is to confirm that (name of claimant) received the following Social Security \$_____ or SSI income \$_____ for the month of _____.

Signature of Official _____ Date _____

Address _____

Telephone Number _____

LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION

Child(ren)'s Name(s): _____

School: _____ Grade: _____ Date: _____

FAMILIES ON INCOME APPLICATIONS

Dear _____:

We have completed verification of your child(ren)'s eligibility for free or reduced meals based on an income application and the following determination has been made:

_____ Your child(ren)'s benefit level will remain: _____ Free _____ Reduced

_____ Starting _____ your child(ren)'s eligibility for meal benefits will be:

_____ Changed from free to reduced price because your income is over the allowable amount. The reduced price is _____ for lunch and _____ for breakfast.

_____ Stopped for the following reason(s):

_____ Your income is over the allowable amount for free or reduced price meals;

_____ You did not provide proof of current eligibility. The following information is missing: _____

_____ Starting immediately your child(ren)'s eligibility for meal benefits will be:

_____ Changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

FAMILIES ON FOOD STAMPS/TAFI APPLICATIONS

Dear _____:

We have completed verification of your child(ren)'s eligibility for free meals based on a food stamp/TAFI application and the following determination has been made:

_____ Your child(ren)'s benefit level will remain Free.

_____ Available records show that your household does not get food stamps/TAFI. Your child's free school meal benefits will be stopped unless we receive the following by _____:

1. A completed new free and reduced meal application with **income** information, (form enclosed)
 2. The name and social security number of each adult household member, (form enclosed) and
 3. Papers that show your household's current monthly income. (instruction form enclosed) Any continued free or reduced price meal will depend on your current household income.
-

If you do not agree with this decision, you may discuss it with me.

You also have the right to a fair hearing. This can be done by calling or writing the following fair hearing official:

Name: _____
Address: _____
Phone: _____

If you request a fair hearing, your child will continue to receive free meals until the decision of the hearing official is made.

If you are not eligible for benefits now, but your household circumstances change, you may fill out an application at that time and reapply for benefits. Verification will be required at that time.

Sincerely,

Name: _____
Address: _____
Phone: _____

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

**CARTA DE VERIFICACION DE RESULTA Y ACCION ADVERSA PARA CUPONES ALIMENTARIOS/
HOGARES DE TAFI**

Estimado _____:

Fecha: _____

Los registros disponibles muestran que su hogar no consigue los cupones de alimentarios / TAFI en este momento. O el tiempo cuando ud aplico.

Para continuar beneficios para su niño:

- (1) complete una aplicación nueva con la información de ingreso,
- (2) escriba el nombre y número de seguro social de cada miembro adulto familiar sobre una forma adjuntada
- (3) envíe documentos que muestran los ingresos mensual de su hogar.

Los beneficios de sus niños se pararán si nosotros no recibamos esta información. Cualquier comida gratis o reducido continuara dependiendo en su ingreso familiar actual.

Si usted no esta en acuerdo con la decisión, usted puede discutir lo con esta persona llame _____

Usted también tiene derecho a una entrevista imparcial. Esto puede ser hecho por llamando o escribiendo el funcionario siguiente:

Nombre: _____

Dirección: _____

Teléfono: _____

Si usted pide una audiencia, su niño continuará a recibir comidas gratis hasta que la decisión del funcionario de audiencia se he terminado.

Si usted no es elegible para beneficios ahora, pero sus circunstancias familiares cambian, usted puede llenar una aplicación entonces para pedir beneficios.

Sinceramente,

Los Incluidos (Información de Verificación para Comidas gratis o Reducidas en Precio)
(Formas de Numeros de los Seguro Social)

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés) prohíbe la discriminación en todos sus programas y actividades a base de raza, color, origen nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas.) Personas con impedimentos que requieran medios alternativos de comunicación para obtener información acerca de los programas (Braille, tipografía agrandada, cintas de audio, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (800) 795-3272 or (202)720-6382 (TTY). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

CARTA DE RESULTADOS DE VERIFICACION Y ACCION PARA NINOS DE HOGARES DE INGRESOS BAJOS

Nombre de Nino _____

Escuela: _____ Fecha: _____

Estimado _____:

Nosotros hemos completado la verificación de elegibilidad de su hijo. Comenzando (10 días de calendario desde el día de envío) elegibilidad para los beneficios de comida para su niño serán:

_____ Cambiado desde libre a el precio reducido porque su ingreso está sobre la cantidad permisible.

El cargo de reducido _____ centavos para el almuerzo y
_____ centavos para el desayuno.

_____ Parado por la razón siguiente (s):

_____ su ingreso está sobre la cantidad permisible para las comidas de precio reducido o libre;

_____ usted no proveyó demostración de elegibilidad actual.

La información siguiente faltó: _____

Comenzando inmediatamente la elegibilidad para los beneficios de comida serán:

_____ Cambiados del precio reducido para libre porque su ingreso está dentro de los límites de elegibilidad de comida. Su niño recibirá comidas a ninguno costo.

Si usted no es elegible para beneficios ahora pero hay una disminución en el ingreso familiar, llegado a ser por desempleo, o tenido un aumento en el tamaño de su hogar, usted puede llenar una aplicación entonces para pedir beneficios.

Si usted no esta en acuerdo con la decisión, usted puede discutir lo con: (funcionario). Usted también tiene derecho a una visita imparcial. Si usted pide una audiencia para (fecha) . Ellos continuarán a recibir (comidas de precio reducido o libre) hasta que la decisión del funcionario de audiencia se ha hecho. Usted puede pedir una visita imparcial por llamar o escribir al funcionario siguiente:

Nombre: _____

Dirección: _____

Teléfono: _____

Sinceramente,

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés) prohíbe la discriminación en todos sus programas y actividades a base de raza, color, origen nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas.) Personas con impedimentos que requieran medios alternativos de comunicación para obtener información acerca de los programas (Braille, tipografía agrandada, cintas de audio, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (800) 795-3272 or (202)720-6382 (TTY). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

USDA SAMPLE NOTIFICATION OF SELECTION FOR
VERIFICATION LETTER AND INSTRUCTIONS

WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact [name] by [date], or your children will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[names of children]** are eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. If you were getting Food Stamps or TAFI when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:

- Food Stamp or TAFI Certification Notice that shows dates of certification.
- Letter from Food Stamp or Welfare Office that says you have gotten Food Stamps or TAFI.
- **Do not send your EBT card.**

2. If you get this letter for a homeless, migrant or runaway child, please contact [school, homeless liaison, or migrant coordinator] for help.

3. If the child is a Foster Child:

Send us official documentation from the agency sponsoring the child.

4. If you do not get Food Stamps or TAFI for your children:

A. Write name and Social Security Number of each adult household member below.

No Social

Security Name	Social Security Number (See Privacy Act Statement, Page 2)	Number
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>

B. Send this page along with papers that show the amount of money your household gets from each source of income.

The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address].**

Acceptable papers include:

Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger or tax books.

Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.

No income: A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.

Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call [name] at [phone number]. The call is free. [Toll free or reverse charge explanation].

Sincerely,

[signature]

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of all adult household members. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (voice and TTY). USDA is an equal opportunity provider and employer.

USDA SAMPLE LETTER OF VERIFICATION RESULTS

WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that [names of children] are eligible for free or reduced price meals and have decided that:

- ☐ Your children's eligibility has not changed.
- ☐ Starting [date], your children's eligibility for meals will be changed from reduced price to free because your income is within the free meal eligibility limits. Your children will receive meals at no cost.
- ☐ Starting [date], your children's eligibility for meals will be changed from free to reduced price because your income is over the limit. Reduced price meals cost [\$] for lunch and [\$] for breakfast.
- ☐ Starting [date], your children are no longer eligible for free or reduced price meals for the following reason(s):
 - ___ Records show that you did not receive Food Stamps, or TANF.
 - ___ Records show that the child(ren) is not homeless, runaway, or migrant.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost [\$] for lunch and [\$] for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with [name] at [phone]. You also have the right to a fair hearing. If you request a hearing by [date], your children will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: [name], [address], [phone number].

Sincerely,

[signature]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (voice and TTY). USDA is an equal opportunity provider and employer.